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Bib Data Sheet

CONFIRMATION NO. 3935

<b>SERIAL NUMBER</b> 10/532,102	<b>FILING OR 371(c) DATE</b> 04/21/2005 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> PATRADE
<b>APPLICANTS</b> Poul Torben Nielsen, Alborg Sv, DENMARK; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/DK03/00714 10/21/2003 <b>** FOREIGN APPLICATIONS *****</b> DENMARK PA 2002 01601 10/21/2002 <div style="text-align: center;"><b>** SMALL ENTITY **</b></div>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> DENMARK	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 13
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> James C Wray Suite 300 1493 Chain Bridge Road McLean ,VA 22101				
<b>TITLE</b> Measuring equipment for use in connection with hip prosthesis surgery				
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	